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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number <b>New Application</b>		Filing Date <b>September 17, 2003</b>		
								Applicant(s) <b>Ian A. Cody, et al.</b>				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1											
2	1											
3		2										
4		2										
5		2										
6		2										
7		2										
8		2										
9		1										
10		2										
11		2										
12		2										
13		2										
14		1										
15		2										
16		1										
17												
18	1											
19		2										
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23		2										
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25		2										
26		2										
27		1										
28		1										
29		2										
30												
31	1											
32		2										
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36		2										
37		2										
38		2										
39		2										
40		2										
41		1										
42		1										
43		2										
44	1											
45	1											
46		2										
47		2										
48		2										
49		2										
50		2										
Total												
Indep												
Total												
Depend												
Total												
Claims												

  

51												
52		1										
53	1											
54	1											
55		2										
56		2										
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97												
98												
99												
100												
Total												
Indep		10										
Total		83										
Depend												
Total		93										
Claims												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		1				
10		2				
11		2				
12		2				
13		2				
14		1				
15		2				
16		1				
17	1					
18	1					
19		2				
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29		2				
30	1					
31	1					
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		1				
42		1				
43		2				
44	1					
45	1					
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	10					
TOTAL DEP.		83				
TOTAL CLAIMS		93				

  

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53	1					
54	1					
55		2				
56		2				
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92						
93						
94						
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96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.		83				
TOTAL CLAIMS		93				